"Knowing What Ain't So"

R.D. Laing and Thomas Szasz

Thomas Szasz

I

"The trouble with people," observed Josh Billings (Henry Wheeler Shaw, 1818-1885), the great nineteenth-century American humorist, "is not what they don't know but that they know so much that ain't so."

Psychiatrists and people interested in psychiatry "know" that Ronald D. (David) Laing (1927-1989), the Scottish psychiatrist, and I share the same ideas about mental illness and involuntary mental hospitalization. We are lumped together as the co-founders and co-leaders of the "anti-psychiatry" movement. My aim in this brief essay is to show that it "ain't so."

II

Regarding the management of mental illness, these are some of the opinions Laing expressed and some of the actions he engaged in:

> *When I certify someone insane, I am not equivocating when I write that he is of unsound mind, may be dangerous to himself and others, and requires care and attention in a mental hospital*
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> (1960, p. 27).

> *To say that a locked ward functioned as a prison for non-criminal transgressors is not to say that it should not be so. Our society may continue to 'need' some such prisons for unacceptable persons. As our society functions at present such places are indispensable. This is not the fault of psychiatrists, nor necessarily the fault of anyone*
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> (1985, p. 6).

> *It does not follow from such possibly disturbing considerations that the exercise of such* [psychiatric] *power is not desirable and necessary, or that, by and large, psychiatrists are not the best people to exercise it, or, generally, that most of what does happen in the circumstances is not the best that can happen under the circumstances*
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> (1985, p. 15).

In 1965, Laing and his colleagues founded the Philadelphia Association. The Association's Report for 1965-1969 listed its aim as follows (Philadelphia Association, n.d.): "To relieve mental illness of all description, in particular schizophrenia. To undertake, or further research,

into the causes of mental illness, the means of its detection and prevention, and its treatment. ...To promote and organize training in the treatment of schizophrenia and other forms of mental illness" (p. 3).

Supporters of Laing are likely to object that this wording was necessary for securing tax-exempt status for the Association as a "charity," and was phrased this way solely to accomplish that purpose. That rationalization presumes that the need to create the Philadelphia Association justified the compromise. But *cui bono*? Who needed and benefited from this Association? Its founders. I maintain that Laing and his followers refused to come to grips with a basic contradiction: if schizophrenia is not a disease, then there is nothing to "treat." Yet, Kingsley Hall – Laing's "alternative asylum" – was touted as offering a better "treatment" for schizophrenia than that offered in the conventional mental hospital.

In his 1979 review of three of my books in the *New Statesman*, Laing went out of his way to assert that it makes no difference whether we accept or reject psychiatric coercion ("slavery"). He wrote: "In these three books [*The Theology of Medicine, The Myth of Psychotherapy,* and *Schizophrenia*], Szasz continues, extends and deepens his diatribe, which began in 1961 with *The Myth of Mental Illness,* against what he regarded as the abuse of the medical metaphor in our society. ...But suppose we *do drop* the medical metaphor. If the rest of us could recognise that what Szasz is propounding are, of course, eternal verities, then psychiatry would disappear, and with it what he calls antipsychiatry" (1979, p. 96).

This is not what I wrote. I wrote: "[P]sychiatry, as we know it, would gradually disappear..." Laing added: "*...and with it what he calls antipsychiatry*." Why did Laing add those words? Was this his way of reaffirming his identity as a psychiatrist, his identification with a medical specialty resting on the "medical model of mental illness"?

After writing that "psychiatry, as we know it, would gradually disappear," I continued: "Specifically, involuntary psychiatry, like involuntary servitude, would be abolished, and the various types of voluntary psychiatric interventions would be reclassified and reassessed, each according to its true nature and actual characteristics." Laing concluded: "It sounds as though it would all be much the same. It makes one wonder what he is making all the fuss about, whether he is not making a sort of fetish out of the medical metaphor, and a scapegoat out of psychiatry. We miss in these books any in-depth analysis of structures of power and knowledge such as we find in Foucault and Derrida."

In a reply, Anthony Stadlen, a well-known British existential analyst, noted that in *Sanity, Madness, and the Family*, the book Laing co-authored with Aaron Esterson, Laing acknowledged his debt to, and agreement with, the thesis set forth in *The Myth of Mental Illness.* In the Introduction to that book, Laing and Esterson wrote: "It is important to recognize that the diagnosed patient is not suffering from a disease..." and in a footnote

added: "For the development of this argument, see, Szasz, Thomas S. *The Myth of Mental Illness*)" (1964, p. 4). Stadlen (1979) then continued:

> *Dr Laing's new role as the "perfectly decent" defender of psychiatry against Szasz's "insulting and abusive" "fuss" calls for comment. Laing is saying, unequivocally, that "it would all be much the same" to him whether involuntary psychiatry be retained or abolished. He is saying "it would all be much the same" whether voluntary interventions, including his own, are intended as medical treatments for illness or as interpersonal counselling, ethical exploration, existential analysis. He implies quite clearly that he is one of the "rest of us" who do use the medical metaphor*
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> (pp. 236-237).

Laing had always wanted to be seen as a psychiatrist. His followers love the medical rhetoric of illness-and-treatment. For example, M. Guy Thompson (1997), an existential analyst and admirer of Laing, entitles his essay, "The fidelity to experience In R. D. Laing's treatment philosophy," and laments that "Laing ultimately failed to conceive a method of treatment that could be 'packaged' for universal consumption." Thompson's paper is peppered with medical clichés, such as "clinical technique," "clinical work," and "innovative treatment of psychiatric patients." The term "clinical" implies illness and implies–justifies treatment; conversely, the term "treatment" implies illness. Laing and many of his existential followers are among the happy warriors of the therapeutic state (Szasz, 2001).

III

I am concerned with the consequentialist meaning of the term "mental illness," that is, the legal uses and social repercussions of psychiatry's pseudomedical rhetoric.

Laing is more interested in the ontological-philosophical meaning of mental illness. He interprets "mental illness" in existential terms: the mental patient suffers from a life crisis, from confusion and mystification. At one moment he appears to question the existence of "mental illness", the next moment he writes as if "it" is an identifiable "condition." He seems to think, and wants his readers to think, that he is posing profound paradoxes about "it," which, when "understood dialectically," are not contradictory.

In *The Politics of Experience and the Bird of Paradise*, one of his most influential books, Laing (1967) writes: "There is no such condition as 'schizophrenia', but the label is a social fact and the social fact a political event" (p. 100). The incarceration of persons said to be schizophrenic and the use of this "diagnosis" in the insanity defense are also social facts. It is

precisely because they are social facts, not facts of nature, that we can approve and support them or disapprove and oppose them. Laing says nothing about the insanity defense, but says quite a lot about psychiatric incarceration: he does not say it's wrong; in the final analysis, he supports it.

The Bird of Paradise, according to Laing, is not an expository essay at all. In his interview with Bob Mullan, Laing talks about his involvement with LSD. Mullan (1995) then asks: "Can you see why people came to the conclusion that you wrote *The Bird of Paradise* on acid?" Laing replies: "It had nothing to do with acid... I regard that as a prose poem of the genre of *Aurélia* of Gérard de Nerval..." (p. 225).[1] Further on, still replying to the same question, Laing adds: "There is one page in the *Bird of Paradise* that I don't think I could have written without the experience of mescaline, which with some hesitation I put it and incorporated it into that text" (p. 226). This sort of self-contradiction characterizes all of Laing's writings.

Chapter 5 of *The Politics of Experience and the Bird of Paradise* is titled, "The Schizophrenic Experience." At the end of it, Laing (1967) writes: "Perhaps we can still retain the now old name, and read into it its etymological meaning: *Schiz* – 'broken'; *Phrenos* – 'soul or heart'. The schizophrenic in this sense is one who is broken-hearted, and even broken hearts have been known to mend if we have the heart to let them" (p. 107).

Nomen est omen. (A name is an omen.) "Schizophrenia" is a psychiatric diagnosis, the name of a serious mental illness. Renaming "it" a broken heart does not change its *ominous* (from the root, *omen*) implications. As for mending broken hearts, doing that professionally is now called "psychotherapy"; less elegantly, "talk therapy"; in plain English, listening and speaking to persons about their problems. As a human service, such an enterprise is either a medical activity or it is not a medical activity. Laing never committed himself to either position. He equivocated. He waffled. That was his solution for both wanting and not wanting to be a psychiatrist, wanting to appear as both opponent and supporter of psychiatry.

I view the term "mental illness" as a metaphor, scrutinize its diverse meanings and uses as strategic rhetoric, and focus in large part on the legal and practical consequences of the term's deployment: *Cui bono? Cui malo*? "Mental illness" is a concept with a vast range of variable, imprecise, and uncertain meanings and consequences. "It" predicates neither the human mind nor the human body. Rather, like "love," the term refers to a *relationship* (usually between persons, sometimes between the individual and his inner voice). Some persons treated as mental patients have problems in living (as does everyone); other are the victims of scapegoating; still others seek to occupy the mental patient role (for many reasons, among them to avoid an onerous duty or responsibility for misbehaviour).

Because I view mental illness as a non-disease, I believe the

psychotherapist should not play doctor (Szasz, 1965, 2003). Laing loved to play doctor. In the early 1960s, Laing met Leary, lectured on LSD, and gave the drug to his patients: "I used it in my practice in Wimpole Street for several years. I got into the habit of giving it to some patients of mine or someone else every other week. *I incorporated it into my whole work*" (emphasis added) (Mullan, 1995, p. 225).

IV

Personal responsibility is another subject on which Laing and I disagree far more than we seemingly agree. We agree, with Sartre, that no person can escape being a moral agent, responsible for his actions. Agency is an integral part of being a conscious, acting individual. Nothing – not disease (physical or "mental"), not privation, not poverty, not even duress at the point of a gun – deprives us of being moral agents. We are, at all times, responsible for everything we do.

This is a powerful premise. It is the core of what I regard as the Judeo-Christian moral code. At the Last Judgment, insanity is neither an excuse nor even a mitigating circumstance. Dante took the idea seriously. Laing didn't. Psychiatrists don't. I do.

Taking responsibility seriously entails taking liberty seriously as well. That, in turn, requires an unqualified repudiation of psychiatry's two paradigmatic practices: the insanity defense and civil commitment. Laing did not take seriously enough the premise that everyone, regardless of his "mental state," is responsible for his behaviour.

Daniel Burston, professor of psychology at Duquesne University in Pittsburgh and a biographer of Laing, agrees that there are fundamental disagreements between Laing and me, but contends that I overemphasize them. He acknowledges that Laing and I are "not cut from the same cloth" (Burston, 2004): "Szasz, Laing, and Foucault are often lumped together indiscriminately as 'anti-psychiatrists' by spokesmen for the psychiatric establishment, and indeed, by its critics as well. And like Szasz, I confess, I am thoroughly sick and tired of that simple-minded refrain."

Burston defends Laing against my criticism that Laing refused to take his role-obligations seriously. I use the term "role-obligation" to identify the responsibilities we incur by virtue of our roles, especially if the role is assumed voluntarily, exemplified by parenthood. Burston contends that I take my role-responsibilities too seriously, specifically for insisting that the psychotherapist who promises to keep his patient's communications confidential must do so. (No one is compelled to be a therapist and no therapist is compelled to make such a promise; he is free to warn the prospective patient that if he tells the therapist he wants to kill himself or someone else, the therapist will commit him.) Adverting to the psychiatrist's traditional social mandate to protect the patient from

"dangerousness to self and others," Burston defends psychiatric preventive detention, both as "suicide prevention" and as "crime prevention": "[S]imilar constraints prevent us from maintaining complete confidentiality when a client's behaviour poses a grave risk to another human being." He implies that that was also Laing's position regarding psychotherapeutic confidentiality.

"Admittedly," Burston concludes, "by valuing life above the principle of confidentiality, we are making an ethical judgment – the wrong one, in Szasz's view, the right one, in mine." Framing the issue this way prejudges it: the premise entails the conclusion, namely, that the therapist who betrays his promise to the patient values life more highly than the therapist who does not betray his patient. I disagree. In my view, such a therapist (assuming he has promised the patient complete confidentiality) betrays a sacred trust. That is not a sign that he values life. It is a sign only of the fact that the therapist is at heart a coercive paternalist, incapable of accepting the patient as a full-fledged person responsible for managing his own life.

To my knowledge, Laing never made it clear what he regarded as his obligation to patients, or anyone else. He did emphasize that he had contracted with his own mind: "The contract I have made with my mind is that it is free to do anything it cares to do" (in Evans, 1976, p. 12). Laing believed his mind ought to be free to do anything. Did he believe his mind had obligations? He didn't say. There is no entity "mind." We use the term as a stand-in for the "I," as in "I have a mind to take off the afternoon." Laing is saying that he is free to do anything he cares to do, unrestrained by moral obligations.

As I see it, the principle of "existential" responsibility entails the principle of "libertarian" liberty. If a person's behaviour constitutes a criminal offense, he ought to be (or may be) punished for it; under no circumstances should he be "treated" for it. If his behaviour does not constitute a criminal offense, he is entitled to liberty, that is, entitled to be left unmolested by the coercive apparatus of the state. Depriving a legally competent adult of liberty in a "hospital" for the purpose of protecting him from himself implies belief in "mental illness" and all that belief entails.

V

Claiming to profess a view only to disavow it later is characteristic of Laing's work and personality. His responsibility for introducing the foolish, self-stigmatizing label "antipsychiatry" into psychiatric discourse is an important case in point.

David Cooper was Laing's friend, colleague, and co-author. In his Introduction to *The Dialectics of Liberation*, Cooper (1968) wrote: "The organizing group [of the Congress on the Dialectics of Liberation, held in

London in 1967] consisted of four psychiatrists who ... counter-label[ed] their discipline as anti-psychiatry. The four were Dr. R. D. Laing and myself, also Dr. Joseph Berke and Dr. Leon Redler" (p. 7). This is a clear claim of authorship for what these four men evidently believed was an appropriately dramatic and shocking name for their ideology and movement.

Who was David Cooper? In Laing's own words, Cooper "was a trained Communist revolutionary ... a member of the South African Communist Party ... we cooperated on writing *Reason and Violence*" (in Mullan, 1995, pp. 194-5). Laing says his relationship to Cooper was ambivalent: "I was really pissed off when people attributed Cooper's position to mine [sic]. We were almost completely different creatures. ... Again and again I had said to David Cooper, 'David, it is a fucking disaster to put out this term.' But he'd a devilish side that thought it would just serve them all right and confuse them. So let's just fuck them with it. But I didn't like that" (pp. 194, 356).

Laing could have prevented the term "antipsychiatry" from being attributed to him by preventing the publication of *The Dialectics of Liberation* or by withdrawing his contribution to it and declaring, then and there, that he objects to the term. But he did nothing of the sort. Instead, years later, he complained about the term and blamed others, for example Cooper's literary agent and publisher, for involving him in it: "[They] had really done me a publishing disservice by encouraging my alleged association with anti-psychiatry" (Mullan 1995, p. 356).

Adrian Laing (1994), in a sympathetic biography of his father, comments: "Ronnie made two mistakes with David's introduction [to *The Dialectics of Liberation*]. Fist, he did not insist on reading it prior to publication. Ronnie did not consider himself an 'anti-psychiatrist' ...The damage, however, had been done. David managed to label Ronnie an anti-psychiatrist. Ronnie was furious at this move, but made a more serious mistake in not taking immediate and effective action to rectify his position" (p. 138).

Were Laing's inactions "mistakes"? Or did they represent his typical way of having his cake and eating it too, as Adrian himself aptly puts it? Laing was alternately autocratic-domineering and passive-helpless, powerful and powerless, a universal genius and a seeker after enlightenment.

His explanation for fathering an exceptionally large number of children by several women is illustrative. Laing biographer John Clay (1996) writes: "With the birth of Benjamin on 15th September, 1984, Laing now had nine children, with one more still to come. Why so many children, when he was an only child himself. [A friend] asked him this once, why he had let it happen. Laing replied, 'They seem to want it. I should have stopped them!' It was an example of his detachment again, as if it had

nothing to do with him, a closing-off of his feelings, as happened with his drinking" (p. 217). What is one to make of this self-portrayal of Laing as a man helplessly at the mercy of his paramours?

It is an error to call this behaviour an "example of his detachment," as Clay calls it. We can speak of "detaching" ourselves from certain experiences, for example our angry or erotic feelings, but we cannot properly speak of "detaching" ourselves from our responsibilities, especially to the children we bring into the world. When we do so, we are not detached, we are reprehensibly irresponsible. As I see it, this facet of Laing's behaviour is more plausibly viewed as another example of his systematic refusal to accept responsibility for his actions and their consequences. To Mullan (1995), Laing explained: "So I wasn't thinking of contraceptive devices or anything like that, that was up to Anne [Laing's first wife]..." (p. 76)

VI

Laing ends his book, *The Politics of Experience* (1967), with this haughty, oracular sentence: "If I could turn you on, if I could drive you out of your wretched mind, if I could tell you I would let you know" (p. 156).

Laing was an inconsistent fantasist, traits that seem to have endeared him to some of his admirers. He was not "rigid." He was "flexible" about his position on the disease status of mental illness, the use of psychiatric drugs, the moral legitimacy of psychiatric paternalism, and the use of psychiatric coercion. In a 1984 interview on Anthony Clare's popular TV show, "Clare had asked him what he would want from a psychiatrist if he became 'profoundly psychomotoretarded, profoundly depressed or suicidal,' and Laing had replied, 'I would want whoever was taking my case over to make sure that I hadn't anything rational to worry about in terms of obligation, commitment, duties, etc.' and then 'to transport my body to some nursing home and if you had any drugs that you thought would get me into a brighter state of mind to use those.' It made riveting listening" (in Clay, 1996, p. 234).

In effect, Clare invited Laing to write his "psychiatric will" (Szasz, 1982), and the will Laing wrote requested that he be treated in accordance with the "standard of care" of modern biological-coercive psychiatry, the institution he ostensibly opposed all of his professional life.

One more example of this pattern of self-contradiction and irresponsibility should suffice. It is an embarrassing episode which I cite as it is already in the public domain. In 1976, Fiona, Laing's first-born child who is then twenty-four years old, is rejected by her boyfriend. Laing biographer John Clay (1996) writes:

> *[S]he had "cracked up," and had been found weeping outside a church... near the family home Ruskin place. She was taken into*

> *Gartnavel Hospital. A bitter row now broke out between Laing and his family over her breakdown, and the reasons for it. Adrian was involved in this, acting as mediator. He rang his father up and asked him "in despair and anger" what he was going to do about it. Laing reassured him that he would visit Fiona and "do everything in his power" to ensure that she was not given ECT, but when it came to the crunch, as Adrian Laing relates, all he could say was "Well, Ruskin Place [the home of Laing's ex-wife] or Gartnavel – what's the difference?" Such a scathing and deprecatory remark showed once again an avoidance of responsibility for his first family, indefensible since his line had been that the breakdown of children could be attributed to parents and families. Instead, Laing went into denial. When he gave an interview shortly afterwards in New Society he declared, "I enjoy living in a family. I think the family is still the best thing that exists biologically as a natural thing"*
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> (p. 181).

Laing acted as if there had been only two places where Fiona could be housed and cared for, the mental hospital or the home of Laing's ex-wife. Obviously, there was another option, namely, Laing taking Fiona home – *his* home – and caring for her by himself or with the aid of private help. This would have cramped his life style and cost him money. It is an option Laing evidently did not consider and Clay ignores.

I have long considered Laing's moral conduct – drinking to excess and giving LSD to associates and patients; promiscuous flirtation with fashionable fads, from Buddhism to "rebirthing"; pugnacity, violence, fathering 10 children and not taking care of them – shameful and reprehensible.

Regarding Laing's politics, it is surely fair to say that he was fashionably anti-American, a typical left-liberal statist. Andrew Collier, a Marxist philosopher and the author of a flattering but flawed book, *R. D. Laing: The Philosophy and Politics of Psychotherapy*, takes that for granted. In fact, he rejects any comparison between my work and Laing's because, unlike Laing, I am not a socialist. Collier (1977) writes: "I think it does Laing an injustice to lump him together with Szasz, even though he [Laing] sometimes invites this treatment. ... Szasz is mainly a polemical writer whose theoretical tools are chosen with a view to winning his case against medical and for moral judgments about 'mental illness.' His work lacks the theoretical interest of Laing's, and incidentally contains some very un-radical political ideas as well – e.g., his opposition to socialized medicine" (pp. 146).

VII

In my book, *Schizophrenia: The Sacred Symbol of Psychiatry* (1976), I

showed that the idea of schizophrenia is the "sacred symbol" of both psychiatry and antipsychiatry; and I documented in detail that Laing's views and mine are fundamentally dissimilar (pp. 45-84). Although most writers continue to bracket Laing and me as if we were the identical twins of "antipsychiatry," happily, there are exceptions. Ralph Raico (1990), a professor of history at the State University of New York in Buffalo, emphatically rejected the mindless linking of my views with Laing's. He wrote:

> *There is no question that, as regards psychiatry and psychology, Szasz is the great advocate of the principle of voluntary exchange, the rule of law, and the open society. ...[H]e has added a rich social-psychological dimension to the story of the eternal conflict of Liberty and Power. ...Szasz's point is that respect for personhood requires ascribing responsibility to the individual, including the individual who may wish to evade such responsibility by calling upon a psychiatric "hired gun." This alone makes it clear that his position must not be assimilated with that of the "left-wing" critics of psychiatry, such as R. D. Laing. ...Against the current of a culture that would deny it, Szasz restores the human world of purpose and choice, of right and wrong.*

In *The Confinement of the Insane: International Perspectives, 1800-1965,* edited by Roy Porter and David Wright, both distinguished historians of medicine, Porter (1946-2002/2003) summed up my views as follows.

> *Perhaps most radically ... Thomas Szasz deemed mental illness a mythic and monstrous beast, and proclaimed that "mental illness" was a fiction. ... Over the centuries, medical men and their supporters have been involved, argues Szasz, in a self-serving "manufacture of madness." In this, he indicts both the pretensions of organic psychiatry and the psychodynamic followers of Freud, whose notion of the "unconscious" in effect breathed new life into the obsolete metaphysical Cartesian dualism. For Szasz, any expectation of finding the etiology of mental illness in body or mind – above all in some mental underworld – must be a lost cause, a dead-end, a linguistic error, and even an exercise in bad faith....In promoting such ideas, psychiatrists have either been involved in improper cognitive imperialism or have rather naively pictorialized the psyche – reifying the fictive substance behind the substantive. Properly speaking, contends Szasz, insanity is not a disease with origins to be excavated, but a behaviour with meanings to be decoded*
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> (p. 2).

Laing's name does not appear in this book, an omission consistent with the fact that, when all is said and done, he contributed nothing of value to the debate about psychiatric slavery, that is, "the confinement of the insane," the psychiatrically and socially acceptable euphemism for the practice (Szasz, 1977, 2002).

For me – and I believe for Laing's erstwhile friend and collaborator, Aaron Esterson – R. D. Laing was a disappointment. He was intelligent, well-read, and started his career by courageously confronting the fundamental moral problem of psychiatry – "therapeutic" coercion. That problem, which is also a solution, benefits and harms both psychiatric "patients" and psychiatric "healers." It is a tough problem. If it were not tough, it would not have plagued the profession for the better part of three hundred years.

But after facing the problem and writing about it, he sold out. He took a principled stand neither for coercion as care, nor for liberty and responsibility as more important values than "mental health." Laing did not sell out to conventional psychiatric careerism or the pharmaceutical industry. He sold out to self-indulgence and the bitch-goddess of fleeting fame.

Not only did Laing sell out, he also deceived himself. He knew that life is a relentless series of choices and conflicts, compelling us, as moral agents, to adopt one course of action and relinquish or reject another. Laing could not face this. Admiringly, Theodor Itten (n.d.), an Austrian psychotherapist and friend of Laing's, relates: "Ronnie Laing once dreamt of a football match where, as he put it, 'I am both sides.' It only ends when 'the game turns into a dance.'" This posture places Laing squarely in the camp of the sinners Dante (1265-1321) – in John Ciardi's classic translation – calls "opportunists" (p. 41):

> *I, holding my head in horror, cried:"Sweet Spirit, what souls are these who run through this black haze?" And he* [Virgil] *said to me: "These are the nearly soulless whose lives concluded neither blame nor praise. They are mixed here with that despicable corps of angels who were neither for God nor Satan, but only for themselves. The High Creator who scourged them from Heaven and Hell will not receive them since the wicked might feel glory over them ... Mercy and Justice deny them even a name"*
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> (pp. 42-43).

Psychiatry, like religion and politics, deals, *inter alia*, with *how people ought to live*. I agree with Burke: "Example is the school of mankind, and they will learn at no other" (in Bartlett, 1992, p. 332). Hence: "Never wholly separate in your mind the merits of any political question from the men who are concerned in it" (in Jay, 1996, p. 66).

In psychiatry, too, what the person says and writes cannot be divorced from who he is and how he lives. Hence, what is *ad hominem* is also *ad rem*.

I wish to thank Anthony Stadlen for help in the preparation of this paper.

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This paper was first published in the *Psychoanalytic Review*, 91: 331-346 (June), 2004.

Notes

[1.] Laing is referring to the nineteenth-century French poet and essayist Gerard de Nerval's (1808-1855) *Aurélia*, which the publisher describes thus: "*Aurélia* is a document of dreams, obsession, and insanity. An account of Nerval's unrequited passion for an actress and subsequent descent into madness, this book was a favorite of artist Joseph Cornell's, and its author was championed by both Marcel Proust and André Breton. One of the original self-styled 'bohemians,' Nerval was best known in his own day for parading a lobster on a pale blue ribbon through the gardens of the Palais-Royal, and for his suicide in 1855, hanging from an apron string he called the garter of the Queen of Sheba."

References

Burke, E. (1789). Letter to Charles-Jean-Francois Depont. In Jay, A. (Ed.) (1996). *The Oxford Dictionary of Political Quotations.* New York: Oxford University Press.

Burke, E. (1791). Letter to a member of the National Assembly. In Bredvold, L. I. and Ross, R.G. (Eds.) (1960). *The Philosophy of Edmund Burke, A Selection from his Speeches and Writings.* Edited by. Ann Arbor, MI: University of Michigan Press.

Burke, E. (1796). Letters on a regicide peace. In Bartlett, J. (Ed.). (1992). *Familiar Quotations.* Edited by Kaplan, J. Boston: Little, Brown & Co.

Burston, D. (2004). Szasz, Laing, and existential psychotherapy. http://www.ehinstitute.org/articles/?method=display&ArticleID=1015.

Ciardi, J. (1954). In Dante, A. (1265-1321). *The Inferno*.

Clay, J.. (1996). *R. D. Laing: A Divided Self.* London: Hodder & Stoughton.

Collier, A. (1977). *R. D. Laing: The Philosophy and Politics of Psychotherapy.* Hassocks, U.K.: Harvester Press.

Cooper, D. (Ed.). (1968). *The Dialectics of Liberation.* Harmondsworth: Penguin.

Dante, A. (1265-1321). *The Inferno*. Trans. Ciardi, J. New York: Mentor, 1954.

Evans, R. I. (1976). *R. D. Laing: The Man and his Ideas.* New York: Dutton.

Itten, T. (n.d.), Laing in Austria. http://www.laingsociety.org/colloquia/inperson/austria.htm.

Laing, A.C. (1994). *R. D. Laing: A Biography*. London: Peter Owen.

Laing, R.D. (1960). *The Divided Self: An Existential Study in Sanity and Madness.* London: Tavistock Publications.

Laing, R.D. (1967). *The Politics of Experience and The Bird of Paradise.* Harmondsworth: Penguin.

Laing, R.D. (1976). *The Facts of Life: An Essay in Feelings, Facts, and Fantasy.* New York: Pantheon.

Laing, R.D. (1979). Round the bend. (Review of *The Theology of Medicine, The Myth of Psychotherapy,* and *Schizophrenia*, by Thomas Szasz.) *New Statesman*, 20 July.

Laing, R.D. (1985). *Wisdom, Madness and Folly: The Making of a Psychiatrist.* New York: McGraw-Hill.

Laing, R.D. and Esterson, A. (1964). *Sanity, Madness and the Family: Volume I. Families of Schizophrenics.* London: Tavistock.

Mullan, B. (1995). *Mad to be Normal: Conversations with R. D. Laing*. London: Free Association Books.

Nerval, G. de. (1808-1855). *Aurélia and Other Writings*. Trans. Wagner, G., et al. Exact Change, Berkeley, CA: Small Press Distribution, 1996.

Philadelphia Association (n.d.). *Philadelphia Association Report, 1965-1969.* London: Philadelphia Association.

Porter, R. (2003). Introduction. In Porter, R. and Wright, D. (Eds.) (2003). *The Confinement of the Insane: International Perspectives, 1800-1965.* Cambridge: Cambridge University Press.

Raico, R. (1990). Hero of the day, http://www.dailyobjectivist.com/Heroes/ThomasSzasz.asp.

Stadlen, A. (1979). Dropping the medical metaphor (Reply to R. D. Laing's "Round the bend"). *New Statesman*, 17 August, 1979.

Szasz, T. (1965). *The Ethics of Psychoanalysis: The Theory and Method of Autonomous Psychotherapy.* Syracuse: Syracuse University Press, 1988.

Szasz, T. (1976). *Schizophrenia: The Sacred Symbol of Psychiatry*. Syracuse: Syracuse University Press, 1988.

Szasz, T. (1982). The psychiatric will: A new mechanism for protecting persons against "psychosis" and psychiatry. *American Psychologist*, 37: 762-770 (July).

Szasz, T. (1977). *Psychiatric Slavery: When Confinement and Coercion Masquerade as Cure*. Syracuse: Syracuse University Press, 1998.

Szasz, T. (1987). *Insanity: The Idea and its Consequences*. Syracuse: Syracuse University Press, 1997.

Szasz, T. (2001). *Pharmacracy: Medicine and Politics in America*. Syracuse: Syracuse University Press, 2003.

Szasz, T. (2002). *Liberation by Oppression: A Comparative Study of Slavery and Psychiatry*. New Brunswick, NJ: Transaction Publishers.

Szasz, T. (2003). The cure of souls in the therapeutic state. *The Psychoanalytic Review*, 90: 45-62 (February) 2003.

Thompson, M. G. (1997). The fidelity to experience in R. D. Laing's treatment philosophy. *Contemporary Psychoanalysis*, Vol. 33, No. 4. http://www.go.to/existentialanalysis.

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